

ADDITIONAL INFORMATION

	RAL CHO	Re:	sidential		Comm	ercial	(Check One)
Permit No.							
Project Name	e:						
Job Address:	:						
	- I						
Owner Name	e:						
Phone:							
	I.						
Contractor Na	ame						
License No:							
Phone:				Fax:			
	From:				To:		
	From:				To:		
'		-			1	I	
Specify Revis	sion:						
, ,							
			T				
REVIEWS	S	DATE SENT	DATE APP/REJ	B'	Y	RETURNED	FEE
DRD	S	DATE SENT	DATE APP/REJ	В	Y	RETURNED	FEE
DRD Zoning		DATE SENT	DATE APP/REJ	В	Y	RETURNED	FEE
DRD Zoning Res. Plan Re	ev.	DATE SENT	DATE APP/REJ	В	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan	ev.	DATE SENT	DATE APP/REJ	B,	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan	ev.	DATE SENT	DATE APP/REJ	B	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y	RETURNED	FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y	TOTAL FEES:	FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE
DRD Zoning Res. Plan Re Comm. Plan Fire Other	ev.	DATE SENT	DATE APP/REJ	B	Y		FEE